135856

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION



OMB APPROV	/AL
OMB Number:	3235-0076
Expires: August	31,2008
Estimated average	burden
hours per response.	16.00
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AG	DATE RECEVED							
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Name of Offering (check if this is an amendment and name has changed, and indicate change.)	Mail Hibbussing
Flexible Premium Variable Universal Group Life Insurance Policy- PPL1575 and PPL 1674	Section
Filing Under (Check b ox(es) that apply): Rule 504 Rule 505 Rule 506 Section	14(6) ALIC D.R.200.
Type of Filing: New Filing Amendment	And nothing
A. BASIC IDENTIFICATION DATA	_
1. Enter the information requested about the issuer	Washington, DC
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	101
Nationwide Private Placement Variable Account	
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number and Street, City, State, Zip Code)	ber (Including Area Code)
One Nationwide Plaza, Columbus, OH 43215 (614) 249-7111	1
Address of Principal Business Operations (Number and Street, City, State, Zip Telephone Number (Number	ber (Including Area Code)
Brief Description of Business	
Variable Insurance Products	
Type of Business Organization	PROCESSED
	I NOCESSEE
corporation [] limited partnership, already formed [M other (please specify)	SEP 1 1 2000
business trust Ilimited partnership, to be formed Insurance Company Separate Acc	ount SEP 1 1 2008
Year Actual or Estimated Date of Incorporation or Organization Month Year	THÓIVISON REUTE
[05] [98] 🖾 Actual 🗀	Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for St CN for Canada; FN for other foreign jurisdiction). [O]	

GENERAL INSTRUCTIONS:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION —
Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.
Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.
A. BASIC IDENTIFICATION DATA
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a cla of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnersh issuers; and Each general and managing partner of partnership issuers.
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Alutto, Joseph A.
Business or Residence Address (Number and Street, City, State, Zip Code) One Nationwide Plaza, Columbus, OH 43215
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Brocksmith, Jr. James G.
Business or Residence Address (Number and Street, City, State, Zip Code) One Nationwide Plaza, Columbus, OH 43215
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Eckel, Keith W.
Business or Residence Address (Number and Street, City, State, Zip Code) One Nationwide Plaza, Columbus, OH 43215
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Miller de Lombera, Martha J.
Business or Residence Address (Number and Street, City, State, Zip Code) One Nationwide Plaza, Columbus, OH 43215

Check Boxi	(es) that App	oly:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Jurgensen,	(Last name f W.G.	ĭrst, if ine	dividual)				
	Residence a wide Plaza,			d Street, City, State, Zip 15	Code)		
Check Box	(es) that App	oly:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Marshall, L	(Last name f .ydia M.	irst, if inc	dividual)				
	Residence A			d Street, City, State, Zip 15	Code)		
Check Box	(es) that App	oly:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Miller, Dav	(Last name t	irst, if inc	dividual)				
Business or One Nation	Residence a wide Plaza,	Address (Columbu	Number and s, OH 432	d Street, City, State, Zip 15	Code)		
		(Use	blank shee	t, or copy and use addition	onal copies of this sheet	t, as necessary)	
l				B. INFORMATION	VROOL OFFERING		
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l. Hast	he issuer so	old, or de	oes the iss	uer intend to sell, to n			
				Answer also in Appe	endix, Column 2, if fi	ling under UL	oē. 🔲 🛛
2. What	is the min	imum in	vestment t		endix, Column 2, if fi from any individual?.	ling under UL	OE.
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RI	SC	SD	TN	TX	UT	VT_	VA	WA	wv	WI	WY	PR
Full Name		e first, if in	dividual)									
	MacDonald, William Business or Residence Address (Number and Street, City, State, Zip Code)											
Name of A	Camino Rea	al, Suite 40	00, San Die	go CA 921	30	<u> </u>						
RCG Secu	rities											
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Full Name	(Last nam	e first, if in	dividual)			·	<u> </u>				.	
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RI	SC	SD	TN	TX	UT	VT	VA	WA	wv	WI	WY	PR

(use blank sheet, or copy and use additional copies of this sheet, as necessary.)

_	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF I	ROCEEDS	
	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter .0. if the answer is .none. or .zero If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	\$
	Common Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify: Variable Life Insurance Policy)	\$48,364,990	\$31,563,907
	Total.	\$48,364,990	\$31,563,907
	Answer also in Appendix, Column 3, if filing under ULOE.	0 10,00 1,550	401,000,00
! .	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	The paronases on the total times. Since of the another is money of the	Number Investors	Aggregate Dollar Amount
			Of Purchases
	Accredited Investors	1	\$31,563,907
	Non-accredited Investors		<u> </u>
	Total (for filings under Rule 504 only)	ì	\$31,563,907
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C. Question 1.	Type of	Dollar Amount
•	Type of Offering	Security	Sold
	Rule 505	2102111	\$
	Regulation A		\$
	Rule 504		s
	Total		\$
3 .	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not know, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees.	Ц	\$
	Accounting Fees	닏	\$
	Engineering Fees	Ļ	\$
	Sales Commissions (specify finder's fees separately)		\$646,794
	Other Expenses (identify) Total		\$ \$646,794
	b. Enter the difference between the aggregate offering price given in response to Part C – Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$47,718,196

or proposed to any purpose is of the estimate	the amount of the adjusted gross proceed to the issuer used be used for each of the purposes show. If the amount for not known, furnish an estimate and check the box to the left. The total of the payments listed must equal the adjusted to the issuer set fort in response to Part C – Question 4.b.		-	
above.	·	Payments to Officers, Directors, & Affiliates	Payments to Others	
Purchase of r Purchase, ren	eal estatetal or leasing and installation of machinery	□s □s	□s □s □s	
	or leasing of plant buildings and facilities		□\$	
involved in the	f other businesses (including the value of securities as offering that may be used in exchange for the assets of another issuer pursuant to a merger)	 \$	s	
	f indebtedness			
Working cap	ital		 \$	
Other (specif	y):			
		s		
Column Tota	ls	s	s	
Total Paymer	nts Listed (column totals added)	□ \$		
	D. FEDERAL SIGNATURE			
is filed under Rule 505, the U.S. Securities and Exchan	this notice to be signed by the undersigned duly authorice following signature constitutes an undertaking by the ge Commission, upon written request of its staff, the ited investor pursuant to paragraph (b)(2) of Rule 502.	issuer to furnish nformation furnis	ı to the	
Issuer (Print or Type) Nationwide Private Placeme Variable Account	ent April Van Der	Date 8/6/08		
Name of Signer (Print or Ty April VanDervort	rpe) Title of Signer (Print or Type) Associate Vice President			
Intentional miserate	ATTENTION ————————————————————————————————————	tione /Sac 19 11 5	C 1001)	

	E. STATE SIGNATURE									
L	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification Yes No provisions of such rule?	Yes	No ⊠							
	See Appendix, Column 5, for state response.									
2.		The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.								
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, furnished by the issuer to offerees.	, upon written req	uest, information							
4.	The undersigned issuer represents that the issuer is familiar with the conditions to the Uniform limited Offering Exemption (ULOE) of the state in which this rethe issuer claiming the availability of this exemption has the burden of establish been satisfied.	otice is filed and	understands that							
	er has read this notification and knows the contents to be true and has duly caused the by the undersigned duly authorized person.	is notice to be sig	ned on							
Nationw	Print or Type) Signature Account Signature Wan Ao Opil Signature	Date / 08								
Name of	f Signer (Print or Type) Title of Signer (Print or Type)									

Instruction:

April VanDervort

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Associate Vice President

				A	PPENDIX				
1	-	2	3			4	5		
	to not	nded to sell n-accredited tors in State i B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	ту	Type of investor and amount purchased in State (Part C-Item2)				
State	te Yes No			Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
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	inve	stors in S	State	and aggregate offering price							if yes,
	(Pai	rt B-Iten	1 l)	offered in state	Ty	pe of investor a	and amount purchased	in State		attac	ch
				(Part C-Item 1)]	(Part C-Item2)		expl	lanat	ion of ranted)
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		Γ			<u> </u>				Yes		No No
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Full Nam	ne (Last	name	first,	if individual)				<u> </u>	-				
Patterson	i, James	s F.											
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Prothro,	Gerald	D.							_				
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